



EMPLOYMENT APPLICATION

City's website: ashlandky.gov

Human Resources Office, Room 301 - 1700 Greenup Avenue

P. O. Box 1839, Ashland, KY 41105-1839

(606) 327-2024 (Voice) (606) 327-2029 (Fax) (606) 327-2097 TDD

Applicants are considered for employment without regard to race, color, religion, gender, national origin, age, marital or veteran status, or non-job-related medical condition or disability.

General Instructions:

- A. Completion of the application – print clearly in blue or black INK or TYPEWRITE information.
- B. The position in which you are interested must be specified on the application.
- C. Immediately notify the Human Resources Office of any change in your name, address or telephone number.
- D. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Applicant Statement:

I certify that the answers given herein are true, correct and complete to the best of my knowledge.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from employment whenever it is discovered.

I expressly authorize without reservation, the employer, its representatives, employees or agents, to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, educational institutions and any social media sources and to otherwise verify the accuracy of all information provided by me in this application, on a resume or during a job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering, and using such information in the employment process, and all other persons, corporations or organizations for furnishing such information about me.

I understand that neither this document nor any verbal promises made by the employer or representative employee(s) may be constituted as an employment contract.

I understand that this application is the property of the City of Ashland and will be kept on file for one (1) year. After that period, unless otherwise notified, I understand that my status as an applicant will end. I may reapply by completing a new application. This application must be signed and dated below before I will receive consideration for employment.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature (Please sign – Do not type or print)	Date
--	------

ALL SECTIONS OF THE APPLICATION MUST BE COMPLETED EVEN THOUGH THE APPLICANT MAY ELECT TO INCLUDE ADDITIONAL MATERIAL SUCH AS A RESUME. An incomplete application, **INCLUDING REQUIRED ATTACHMENTS**, may result in the application being rejected or delayed, which could result in a lost job opportunity. Therefore, please check to insure that each item has been completed.

PERSONAL INFORMATION	NAME – Last First Middle			SOCIAL SECURITY NO.
	PRESENT ADDRESS – Street City State Zip Code			PHONE NO. ()
	MAILING ADDRESS (If different) Street City State Zip Code			CELL PHONE NO. ()
	Alternate Contact Information: (email, etc.)		Are you prevented from Legally becoming employed in this country because of visa or immigration status? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Have you applied for employment with the City of Ashland before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give position(s) and date(s):			
	Have you been employed with the City of Ashland before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give position(s) and date(s):			
EMPLOYMENT INTEREST	TYPE OF EMPLOYMENT DESIRED: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/>			DATE AVAILABLE FOR WORK:
	WHAT POSITION ARE YOU SEEKING?			WILL YOU PERFORM SHIFT WORK? Yes <input type="checkbox"/> No <input type="checkbox"/>
	CAN YOU TRAVEL IF JOB REQUIRES IT? (Please list any restrictions) Yes <input type="checkbox"/> No <input type="checkbox"/>			ARE YOU ON LAYOFF OR SUBJECT TO RECALL? Yes <input type="checkbox"/> No <input type="checkbox"/>
EDUCATIONAL RECORD	Name and Location	Years Completed	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, did you receive GED?	Course of Study
	High			
	College		Yes <input type="checkbox"/> No <input type="checkbox"/> Degree received:	
	Other			
INCLUDE COPY OF HIGH SCHOOL DIPLOMA OR GED AND VERIFICATION OF COLLEGE DEGREE OR OTHER EDUCATION RECEIVED				
LICENSE/ CERTIFICATION	Check appropriate license(s), certification(s) you possess: Fire: Fire Fighter I ___ Fire Fighter II ___ EMT ___ Police: KY Police Officer Certification ___ No. ___ Other State Certification: ___ First Aid/CPR ___ CDL: ___ Type: ___ Water Plant Operator: I ___ II ___ III ___ IV ___ Wastewater Treatment Plant Operator: I ___ II ___ III ___ IV ___ Wastewater Collection Operator: I ___ II ___ III ___ IV ___ Water Distribution Operator: I ___ II ___ III ___ IV ___ Other certification not listed above: _____ Computer/Software Experience: MS Word ___ Excel ___ Other: _____			
REFERENCES	NAME TWO REFERENCES. DO NOT INCLUDE RELATIVES OR PREVIOUS EMPLOYERS.			
	Name	Relationship	Address	Phone No./Email
ADDITIONAL INFORMATION	BRANCH OF U.S. MILITARY SERVICE : FROM: _____ (MONTH/YEAR) TO: _____ (MONTH/YEAR) HIGHEST RANK ATTAINED:			
	ATTACH COPY OF OFFICIAL DOCUMENTATION OR DD214, SHOWING REASON FOR DISCHARGE			

EMPLOYMENT EXPERIENCE

PREVIOUS EMPLOYMENT: Start with your present or last job and list all employment experiences. If additional space is needed, use an extra sheet of paper.

1	EMPLOYER	TELEPHONE ()	DATES EMPLOYED	
			FROM	TO
Current or Previous Employer	ADDRESS			
	JOB TITLE	DUTIES	May we call your present employer now? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, when may we call?	
	SUPERVISOR			
	REASON FOR LEAVING OR WANTING TO LEAVE:			
2	EMPLOYER	TELEPHONE ()	DATES EMPLOYED	
			FROM	TO
	ADDRESS			
	JOB TITLE	DUTIES		
SUPERVISOR				
REASON FOR LEAVING:				
3	EMPLOYER	TELEPHONE ()	DATES EMPLOYED	
			FROM	TO
	ADDRESS			
	JOB TITLE	DUTIES		
SUPERVISOR				
REASON FOR LEAVING:				
4	EMPLOYER	TELEPHONE ()	DATES EMPLOYED	
			FROM	TO
	ADDRESS			
	JOB TITLE	DUTIES		
SUPERVISOR				
REASON FOR LEAVING:				
5	EMPLOYER	TELEPHONE ()	DATES EMPLOYED	
			FROM	TO
	ADDRESS			
	JOB TITLE	DUTIES		
SUPERVISOR				
REASON FOR LEAVING:				
6	EMPLOYER	TELEPHONE ()	DATES EMPLOYED	
			FROM	TO
	ADDRESS			
	JOB TITLE	DUTIES		
SUPERVISOR				
REASON FOR LEAVING:				

Pursuant to Ordinance No. 82, 2001, no person shall be employed by the City of Ashland who is related by blood or marriage to any currently serving elected City official or the City Manager in any of the following degrees of relationship; viz., husband, wife, father, mother, son, daughter, brother, sister, father-in-law, mother-in-law, sister-in-law, or brother-in-law and no person shall be employed for work to be performed within the same division or work unit in any of the various departments wherein the applicant for said employment is related by blood or marriage to a then existing employee within said department in any of the following degrees; viz., husband, wife, father, mother, son, daughter, brother, sister, mother-in-law, father-in-law, brother-in-law, or sister-in-law.

Are you related to the City Manager? If yes, list relationship:	Yes	No
Are you related to the Mayor of Ashland? If yes, list relationship:		
Are you related to any of the members of the Board of Commissioners? If yes, list relationship:		
Is your spouse employed by the City of Ashland? If yes, list name and department:		
Is (are) your child (children) employed by the City of Ashland? If yes, list name(s) and department(s):		
Is (are) your step-child (step-children) employed by the City of Ashland? If yes, list name(s) and department(s):		
Is (are) your foster child (foster children) employed by the City of Ashland? If yes, list name(s) and department(s):		
Is (are) your parent(s) employed by the City of Ashland? If yes, list name(s) and department(s):		
Is (are) your parent(s)-in-law employed by the City of Ashland? If yes, list name(s) and department(s):		
Is (are) your brother(s) employed by the City of Ashland? If yes, list name(s) and department(s):		
Is (are) your brother(s)-in-law employed by the City of Ashland? If yes, list name(s) and department(s):		
Is (are) your half-brother(s) employed by the City of Ashland? If yes, list name(s) and department(s):		
Is (are) your sister(s) employed by the City of Ashland? If yes, list name(s) and department(s):		
Is (are) your sister(s)-in-law employed by the City of Ashland? If yes, list name(s) and department(s):		
Is (are) your half-sister(s) employed by the City of Ashland? If yes, list name(s) and department(s):		

I certify that the answers given above are true, correct and complete to the best of my knowledge. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to: (1) cancel further consideration of my application for employment, or (2) immediately discharge me from employment whenever it is discovered.

Signature (Please sign – do not type or print) _____

_____ Date

CITY OF ASHLAND

HUMAN RESOURCES DEPARTMENT

EEO DATA INFORMATION

The Civil Rights Act of 1964, Title VII-Equal Employment Opportunity prohibits discrimination based on race, color, religion, sex or national origin. This employer complies with this Act and various other Federal Government regulations prohibiting discrimination because of age, marital or veteran status, gender, medical condition or disability.

We must make periodic reports to the Federal Government to reveal whether or not the entire personnel operation is in compliance with the various laws dealing with Equal Employment Opportunity. To comply with these laws, we invite you to voluntarily self-identify your race or ethnicity. **Submission of this information is voluntary and refusal to provide will not subject you to any adverse treatment.** This information will not be used in the employment process; it will be used only for compiling and reporting to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Name: (Last) _____ (First) _____ (Middle) _____

Social Security No. _____ Date of Birth _____

Address _____
Street, Route or Box City State Zip Code

Position Applied for: _____ Date: _____

METHOD OF RECRUITMENT (Please specify or give name of publication):

- A. Newspaper _____
- B. Professional Publication _____
- C. Referral _____
- D. Other _____

PLEASE CHECK (✓) APPROPRIATE BOX Sex: ☐ Male ☐ Female

PLEASE CHECK (✓) EEO Identification Group that best applies to you:

- ☐ **Hispanic or Latino** – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ **White (not Hispanic or Latino)** – a person having origins in any of the original peoples of Europe, the Middle East or North Africa
- ☐ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)** - a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- ☐ **American Indian or Alaska Native (not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- ☐ **Two or more Races (Not Hispanic or Latino)** – All persons who identify with more than one of the races above, excluding Hispanic or Latino.

AN EQUAL OPPORTUNITY EMPLOYER